

IN THE CIRCUIT COURT OF

COUNTY, MISSOURI

FORM 68-H-2

Indae o	r Division:	Case Number:				
Judge 0	i Division.	Case Number.				
	ne Marriage of:					
Petition	er:					
SSN:	vs.					
Respon	lent:					
CCM.				D (E'l G()		
SSN:		4 6		Date File Stamp)		
	Income and Expense State	ement of				
		I. My Income				
A.	Gross wages or salary and commissions pa	aid to me each pay period:	\rightarrow			
	Paid:Weekly Bi-Weekly	Semi-Monthly I	Monthly			
В.	My monthly gross wages or salary:		\rightarrow			
C.	My tax status claimed: Single	Married Head/Househol	ld			
	Number of persons claimed as deductions					
D.	Payroll deductions each pay period:					
	FICA (social security tax)					
	Federal withholding tax					
	State withholding tax					
	City earning tax					
	Union dues					
	Health insurance					
	Others: (specify)					
	Marketel deductions and according					
	My total deductions each pay period: — My net take home pay each pay period: —	$\xrightarrow{\hspace*{1cm} \hspace*{1cm} \hspace*$		_		
E.	My take home or net pay each month:		<u> </u>			
	r			_		
	Source		Amount			
F.	F. My total monthly average gross additional income from all sources					
G.						
H. Total gross income from my tax returns for each of the last 3 calendar years:						
		Year Income	_			

II. My Spouse's Current Estimated Monthly Gross Income						
	Amount					
T.4.1	\rightarrow					
Total						
***		• \				
	My Anticipated Expenses (Monthly Average – Ite	emize)				
A. Rent or mortgage paymen	ts (include home association dues)					
B. Maintenance & repairs of	residence					
C. Utilities						
1. Gas						
2. Water						
3. Electricity						
4. Telephone						
5. Trash Service6. Other						
Total Utility Expense		\rightarrow				
D. Autombiles						
1. Gas and oil						
2. Maintenance						
3. Tax and license						
4. Payment of Loan						
5. Other Total Automobile Expen	00					
Total Automobile Expen	se	\rightarrow $ $				
E. Insurance						
1. Life						
2. Health, accident & d	ental					
3. Disability						
	in mortgage payment)					
5. Automobile						
6. Other						
Total Insurance Expense	·					
F. Taxes						
1. Real estate (if not in	mortgage payment)					
2. Personal property						
3. Automobile						
4. Other						
Total Tax Expense	\longrightarrow					
G. Payments I make on debts	3					
	H. Child support I pay to others for children not in my custody and not involved in this proceeding					
I. Maintenance or alimony p						
 Church and charitable cor 						

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K. Other Living Expenses	Mine	Children in my Custody	Children in Spouse's Custody	Children in Joint Custody	
1. Food		-	-	<u> </u>	
2. Clothing					
3. Medical care					
4. Prescription drugs					
5. Dental care					
6. Recreation					
7. Laundry and cleaning					
8. Barber and beauty shop					
9. School and books					
10. School lunches					
11. Lessons 12. Home maintenance					
13. Other (itemize)					
13. Other (itemize)					
Total other living expenses					
(total of each column) \longrightarrow					
L. Day care or babysitter					
1. Work related					
2. Non-work related					
Total day care/babsitter expenses (total each column)					
M. All other expenses not already identif	fied (express as mo	onthly average)			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
10.					
11.					
12.					
13.					
14.					
15.					
	Fod				
Total all other expenses not already identified					
Total average monthly expenses				\longrightarrow	

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IV. Motion to Modify Information (If this statement is submitted in connection with a motion to modify maintenance or child support, complete this section)						
	the last order for maintenance		——————————————————————————————————————			
	of the last order, the gross m					
	of the last order, my gross m					
D. Names and	relationship to me of all pers	ons residing at my residence	2			
		ame	Relationship			
E. Income each	n year since modification for	each of the following perso	ns			
		D. C.C.		D 1 4		
Year	Petitioner	Petitioner's Co-Habitant	Respondent	Respondent's Co-Habitant		
	_					
		Affidavit				
I:::::		h I d E				
knowledge and b	elief.	above income and Expense	e Statement is complete, true and accu	rate to the best of my		
			Affiai	nt		
			,			
Subscribed and sworn to before me, the undersigned Notary Public, on (date)				late)		
My Commission Expires:						
wry Commission	expires:					
	Date		Matan	y Public		
	Date		notar	y i done		